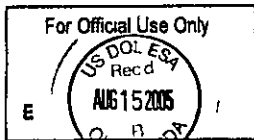


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8407	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name William K Van Lon P O Box Bldg Room No if any Street 8293 GANNON Circle City EASTON State MARYLAND ZIP Code + 4 21601	4 Name file number and address of labor organization Name DISTRICT No 1 - PCD, MEBA AFL-CIO MARINE ENGINEERS BENEFICIAL Association Labor Organization File Number 066-581 P O Box Building and Room Number if any Street 444 N Capitol Street NW Suite 800 City Washington State D.C. ZIP Code + 4 20001
5 Position in labor organization Branch Agent	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed *W. K. Van Lon*

On 8/7/05 Date
410 685 5353 Telephone Number

Name of Person Filing <u>William K. Van Loo</u>	File Number <u>U</u>
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>MEBA Benefit PLANS</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>1007 EASTERN AVE</u></p> <p>City <u>BALTIMORE</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>21202</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>MEBA Benefits PLANS</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>1007 EASTERN AVE</u></p> <p>City <u>BALTIMORE</u></p> <p>State <u>MARYLAND</u> ZIP Code + 4 <u>21202</u></p>	<p>11 a Nature of such dealing</p> <p><u>MEBA Benefit PLANS are jointly-trusted, multiemployer benefit plans that provide benefits to participants represented by the MEBA,</u></p> <p>11 b Approximate dollar value of such dealing <u>5,011.50</u></p> <p>12 a Nature of interest held or income received</p> <p><u>The amount identified in Box 11b is for reimbursement of travel-related expenses incurred in attending MEBA Benefit Plans board of trustee meetings, for which I am required to attend, as well →</u></p> <p>12 b Amount <u>5011.50</u></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment</p> <p>_____</p>

MEBA Medical and Benefits Plan
2004 LM 10 LM 30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
William Van Loo	Medical	571725	1/14/2004 2/20/04 3/18/04	\$ 2 243 12	Reimbursement of Travel Expenses Relating to Trustee Meeting 01/04
William Van Loo	Medical	571725	5/14/2004 5/20/04	\$ 484 74	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/04
William Van Loo	Medical	571725	7/13/2004 7/20/04	\$ 1 844 75	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
William Van Loo	Medical	571725	10/04	\$ 64 88	10/04 BOT Meeting Dinner
William Van Loo	Medical	571890	12/15/2004	\$ 34 21	Membership Dues (ck#20469)
William Van Loo	Medical	571850	12/04	\$ 340 00	IFEBP Fees
				\$ 5,011 50	